

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

#### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

1375272

OMB APPROVAL

OMB Number:

3235-0076

Expires: Estimated average burden



UNIFURM LIMITED OFFERING EXEM	PITON
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Regulation D	
Filing Under (Check box(es) that apply):	ULOE
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
Aerofoam Metals Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
3330 Ridgeway Drive, Unit 15, Mississauga, ON, Canada, L5L 5Z9	905-569-2376
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	DDOCESS
Manufacturer of aluminum products	PROCESSED
Type of Business Organization  Corporation  Imited partnership, already formed  business trust  Imited partnership, to be formed	olease specify):  THOMSON
Month Year Actual or Estimated Date of Incorporation or Organization: 0 7 9 0 Actual Estin Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
<b>Federal:</b> Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given b which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only repothereto, the information requested in Part C, and any material changes from the information previously supplied with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for s ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the sare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim fo accompany this form. This notice shall be filed in the appropriate states in accordance with state law. this notice and must be completed.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal exappropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice.	•

#### A RASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Z Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Colacci, Paul Business or Residence Address (Number and Street, City, State, Zip Code) 3330 Ridgeway Drive, Unit 15, Mississauga, ON, Canada, L5L 5Z9 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Colacci, Janet Business or Residence Address (Number and Street, City, State, Zip Code) 46 Curry Crescent, Georgtown, ON, Canada, L7G 5S9 Check Box(es) that Apply: Promoter Beneficial Owner Z Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Nichols, Andrew L. Business or Residence Address (Number and Street, City, State, Zip Code) 3330 Ridgeway Drive, Unit 15, Mississauga, ON, L5L 5Z9 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Wittmann, Mark Business or Residence Address (Number and Street, City, State, Zip Code) 3330 Ridgeway Drive, Unit 15, Mississauga, ON, L5L 5Z9 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					R I	VEORMAT	ION ABOU	T OFFERI	ΝG				
ł.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes D	No <b>IX</b>		
	Answer also in Appendix, Column 2, if filing under ULOE.										doud	<u></u>	
2.											<sub>\$_</sub> 5,0	00.00	
												Yes	No
3.			permit joint										
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Ful	i Name (I	Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (N	lumber and	d Street, Ci	ity, State, 2	Zip Code)	44		., ,			
Nar	ne of Ass	sociated Br	oker or De	aler					· · · · · · · · · · · · · · · · · · ·				
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	<del> · · .</del>		<del></del>	<del></del>	····	<del> </del>
	(Check	"All States	" or check	individual	l States)	·····			.,		•••••••	☐ Al	l States
	ĀĹ	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT]	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
	KI	[30]	[30]	[110]		[01]		<u>(YA</u> )	WA	[W.V.)	(WI)	WI	IIN.
Ful	l Name (I	Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (N	Number an	id Street, C	ity, State,	Zip Code)					,	
Nar	ne of Ass	ociated Br	oker or De	aler									
<u></u>		' L D	7' 177		T . 1		<u> </u>				<del>-</del>	••••	
Sta			Listed Has									[T] A1	l States
	CHECK		of CHECK	muividuai	i States)		****************	••••••			••••••	LJ ^1	States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	TD
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	$\overline{\mathbf{W}}$	WI	WY	PR
Ful	i Name (I	Last name	first, if indi	ividual)			<del></del>		<del></del>	,	<del></del>		
<u></u>	··	D '-l	* 11	7 4	16		71 6 1						
Bus	siness or	Residence	Address (N	vumber an	a Street, C	ity, State,	Lip Code)						
Nar	ne of Ass	ociated Br	oker or De	aler					<del></del>	· · · · · · · · · · · · · · · · · · ·		····	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)								☐ Al	States				
			لييسا	[77	Cal	co	CT	DE	DC	FL	GA	HI	ID
	AL	AK	AZ	AR	CA		Loui,	رحيي	احت	1 4 40 1	COAL	1111	
	AL IL MT	AK IN NE	IAZ IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI	MN OK	MS OR	MO
Nar	ne of Ass	ich Person	oker or Des	aler Solicited individual	or Intends	to Solicit	Purchasers						

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
•	Debt	\$	\$
	Equity		s 104,250.00
	✓ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.	*	*
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate Dollar Amount of Purchases
	Accredited Investors	_	\$ 104,250.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$\$
	Answer also in Appendix, Column 4, if filing under ULOE.		Φ
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		
	Total		\$ 104,250.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$_3,325.00
	Printing and Engraving Costs		\$ 0.00
	Legal Fees		\$ 10,000.00
	Accounting Fees	لبنا	\$ 0.00
	Engineering Fees		\$ 0.00
	Sales Commissions (specify finders' fees separately)	_	s 0.00
	Other Expenses (identify)		\$ 0.00
	Total		\$ 13,325.00

	e offering price num	BER OF INVESTORS EXPENSES AND USE OF P	ROPERDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."			90,925.00
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		] \$	\$
	Purchase of real estate		] <b>\$</b>	<u></u> \$
	Purchase, rental or leasing and installation of mac and equipment	hinery [	]\$	s
	Construction or leasing of plant buildings and fac-	ilities	]\$	s
	Acquisition of other businesses (including the val- offering that may be used in exchange for the asse issuer pursuant to a merger)	ets or securities of another	7.\$	┌┐\$
	Repayment of indebtedness		<del></del>	
	Working capital	<del></del>	_	
	Other (specify):		\$	\$
			] \$	s
	Column Totals		\$_90,925.00	S 0.00
	Total Payments Listed (column totals added)		\$_ <del>_</del> 90	),925.00
		DEFEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acco	nish to the U.S. Securities and Exchange Commiss	sion, upon writte	
Iss	uer (Print or Type)	Signature	Date	
A	rofoam Metals Inc.	town.	HUGUST	15 2001
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)		
		Dara		

### - ATTENTION -----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E.S	ATE SIGNATURE:									
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?										
	See Appendix,	Column 5, for state respon	nsc.								
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.										
3.	3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.										
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.										
	suer has read this notification and knows the contents to be tru uthorized person.	e and has duly caused this	notice to be signed on its behal	f by the u	ndersigned						
Issuer (	(Print or Type) Signatur	$\mathcal{I}$	Date								
Aerofoa	Aerofoam Metals Inc. Hugust 15 200										

Title (Print or Type)

Name (Print or Type)

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

#### E SE APPENDIX E 5 2 3 4 j Disqualification Type of security under State ULOE and aggregate (if yes, attach Intend to sell Type of investor and to non-accredited offering price explanation of offered in state amount purchased in State waiver granted) investors in State (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited Investors Investors Yes No State Yes No Amount Amount AL ΑK AZAR CACO CTDE DC FL GΑ HI IDILINΙA KS KY LA ME MD MAMI MN MS

Intend to sell and an accredited investors in State (Part B-Item 1)  State Yes No No Nomber of Accredited Investors No Nomber of Accredited Investors No Nomber of Accredited Investors Nomber of Non-Accredited Investors Nomber					APP	ENDIX				
State   Yes   No	9	Intend to non-a	to sell ccredited s in State	Type of security and aggregate offering price offered in state		Type of investor and amount purchased in State			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
MT	State	Yes	No		Accredited	Amount	Non-Accredited	Amount	Yes	No
NE	МО									
NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX  X Equity-common 5 \$104,250.0 0 \$0.00 X UT VT VA WA WA WV	MT									
NH	NE									
NJ	NV									
NM	NH									
NY	NJ									
NC	NM									
ND	NY									
OH	NC									
OK	ND									
OR	ОН									
PA	OK		Programmer or landy to going the support of the same	or a succession						
RI	OR									
SC	PA									
SD	RI									
TN	SC									
TX	SD									
UT	TN									
UT	TX		×	Equity-common	5	\$104,250.0	0	\$0.00		×
VA	UT									
WA WV	VT									
wv	VA									
	WA									
WI CONTRACTOR OF THE PROPERTY	wv									
	WI									

				APP	NDX.				
1		2	3  Type of security		4				
	to non-a investor	to sell ccredited s in State -Item 1)	and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				(if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									